BURLINGTON
PARKS
RECREATION
WATERFRONT

Burlington Parks, Recreation & Waterfront
Miller Community Recreation Center
130 Gosse Court, Burlington, VT 05408
(802) 864-0123

MEDICATION ADMINISTRATION FORM

One form per medication. Medication cannot be administered until the information below is completed

Participant's Name (First and Last) _____ Date of Birth_____

MEDICATION INFORMATION

Name of Medication_____

Dose_____ Route_____Does the medicine need to refrigerated? YES ☐ NO ☐

Reason for medication_____

Date to start medication___/___/___ Stop date___/___/___

Time(s) of medication administration _____

Additional instructions_____

Known side effects of medicine_____

Plan of management of side effects_____

Participant allergies_____

Missed dose instructions_____

PRESCRIBER'S INFORMATION

Prescriber's Name_____ Prescriber's Phone_____

Prescriber's signature_____

Pharmacy Name_____Pharmacy Phone_____

I hereby give permission for the BPRW staff to administer medicine as prescribed above. I also give permission for BPRW staff to contact the prescribing health professional about the administration of this medicine. I have administered at least one dose of medicine to the participant without adverse effects.

_____ _____

Parent/ Guardian Name (Print) Parent/ Guardian Signature

Phone _____